

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-870)

SERIAL NO.

FILED DATE

APPLICANT/ET

CLAIMS

	AS FILED		AFTER 1/2 ALCOHOLIC		AFTER 1/2 ALCOHOLIC	
	END.	DEP.	END.	DEP.	END.	DEP.
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TOTAL END.	6					
TOTAL DEP.	21					
TOTAL	27					

END.	DEP.	END.	DEP.	END.	DEP.
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TOTAL END.	6				
TOTAL DEP.	21				
TOTAL	27				